Suicide Trends in Indiana: Recommendations for Prevention

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Suicide is a public health concern in U.S. and Indiana

- Examined suicide risks, trends, and current interventions in Indiana
- Reviewed literature and existing data
- Conducted key informant interview with state experts
- Made recommendations
Suicide in the United States

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<th>10 Leading Causes of Death by Age Group, United States – 2017</th>
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<td><strong>Age Groups</strong></td>
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Impact of Suicide/Suicide Exposure

• Social Impact
  • Individuals are more likely to develop mental and behavioral health concerns, or engage in harmful behaviors.

• Economic Impact
  • Estimated impact in Indiana: $1.2 billion in 2014
Suicide Risk

• Risk Factors
• Protective Factors
• Specific High Risk Groups
Suicide in Indiana

Over 5% of Hoosiers indicated that they had serious thoughts of suicide within the past year.

Youth Risk Behavior Surveillance System (YRBSS)

- Seriously considered attempting suicide: 17.7% (US) vs. 19.8% (IN)
- Made a plan about how they would attempt suicide: 14.6% (US) vs. 17.0% (IN)
- Attempted suicide: 8.6% (US) vs. 9.9% (IN)
- Suicide attempt treated by a doctor or nurse: 2.8% (US) vs. 3.9% (IN)
YRBSS- SGM Youth

SERIOUSLY CONSIDERED ATTEMPTING SUICIDE

MADE A PLAN ABOUT HOW THEY WOULD ATTEMPT SUICIDE

ATTEMPTED SUICIDE

SUICIDE ATTEMPT TREATED BY A DOCTOR OR NURSE

- Heterosexual
- Gay/Lesbian
- Bisexual
- Gay, Lesbian, Or Bisexual
- Not Sure
Veteran Suicide Mortality

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Indiana Policies

• 2011: Indiana HB 1019/SB 4
• 2017: Indiana HB 1430
Key informant interviews with 11 experts

- Magnitude of the problem
- Vulnerable Populations & Risk Factors
- Suicide Trends
- Stigma/Resilience

- Indiana’s Response
- Current Gaps
- Recommendations for Prevention
Magnitude of the problem

“Every year the numbers go up, and I think that’s the most important statistic...we’re not decreasing, every single year, it’s going up.”

- Suicide is a significant problem
- A leading cause of death in many age groups
- Rising rates in attempts and deaths
- Underreported
  - Inconsistent data collection and coroner’s system
The most commonly cited risk factors included

- Social isolation
- Access to lethal means
- Lack of access to mental health care
- Exposure to trauma (ACEs, PTSD)
- Exposure to suicide
Everyone is at risk, but some populations are more vulnerable

• Those with mental health disorders, substance use disorders, or both
• Individuals who identify as LGBTQ (SGM)
• Youth and young adults
• Military
• Law enforcement & first responders
• Middle-aged men
Suicide trends in Indiana

"Younger and younger students, as young as 8, are coming forward and saying they’re having suicidal ideations."

- Trends similar in Indiana and U.S., but our state has higher rates
- Indiana has less access to mental health services
  - Low MH provider to population ratio
  - Low utilization, often due to stigma
- Increase in ED visits for youth with suicidal ideation
- Suicide by asphyxiation (hanging) is becoming more common among youth
How to reduce stigma & promote resilience

- Mental health & suicide highly stigmatized
- Creates barriers to help-seeking
- Resilience is a protective factor
- Reducing stigma and promoting resilience through
  - EBPs and anti-stigma campaigns (especially those who come into contact with youth)
  - Promoting pro-social behaviors, encouraging community engagement, and fostering social connections.
  - Integrating mental health into other sectors (e.g., primary care, criminal justice system, schools, employment)

“Talk about suicide not only in terms of deaths, but stick to messages of hope, messages of resilience, messages of connectedness.”
How is Indiana currently addressing suicide prevention/intervention?

- Legislation
  - State suicide prevention coordinator
  - Teachers (grades 5-12) complete a suicide prevention training program every 3 years
- Committees & coalitions
  - E.g., mortality review groups, suicide learning collaborative, ISPN/ISPNAC
- More suicide prevention trainings being offered
- More collaboration across agencies and organizations

“Lately, we have more collaboration and more people vested in suicide prevention, working at agencies that either serve broad areas of the state or are supposed to serve the whole state, so that is a new phenomenon.”
What are the gaps?

Lack of…

• Funding
• In-depth data and inconsistent data collection
• Access to mental health care
• Workforce
• Awareness that suicide is a public health problem
Based on key informants, lit review, and data, we make the following recommendations

• Follow a public health approach to address suicidality at all stages
• Make suicide prevention a statewide priority & coordinate across agencies & sectors
• Provide adequate, sustained funding
• Reduce stigma and promote resilience
• Encourage consistent data collection
• Improve access to timely, affordable, and quality mental health care
• Support mental health integration
• Implement evidence-based programs and strategies

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